



KANSAS DEPARTMENT OF CORRECTIONS

	INTERNAL MANAGEMENT POLICY AND PROCEDURE	SECTION NUMBER 14-118	PAGE NUMBER 1 of 2
		SUBJECT: PAROLE SERVICES: Offender Report Form and Offender Sign-In Log	
Approved By:  Secretary of Corrections		Original Date Issued:	09-01-95
		Current Amendment Effective:	01-04-13
		Replaces Amendment Issued:	10-21-03

POLICY

A Report Form shall be completed by each offender under KDOC supervision to provide relevant information regarding the offender's status in the community and assist in the development and modification of the offender's case plan.) The Report Form shall be provided to the parole officer during face-to-face contact with the assigned parole officer or his/her designee. The parole officer may require an offender to complete the form at other times consistent with the level of supervision or case management needs.

Sign-in and -out logs may be used in parole offices to track offenders who visit the parole office. Offender sign-in logs shall be retained in accordance with records retention requirements.

DEFINITIONS

None.

PROCEDURES

I. COMPLETION OF THE OFFENDER REPORT FORM

- A. Each offender shall provide the parole officer with a completed Report Form (Attachment A) once per month, unless additional forms are requested by the supervising parole officer.
 - 1. Offenders assigned to the Automated Reporting system shall not be required to submit a report form each month.
- B. All information requested on the Offender Report Form shall be completed. Any unavailable or non-applicable information shall be designated as such.

II. PAROLE OFFICER PROCEDURES

- A. The parole officer shall review the form with the offender to ensure that all information is completed.
 - 1. The information provided in the report form should be used to assist in the case management and supervision of the offender.
 - 2. Changes, problems or law enforcement contact indicated on the report form shall be noted by the parole officer with subsequent action taken as necessary.
 - 3. The parole officer shall review the information provided, to include residence and employment information, and follow up on any changes as necessary. All changes or updates should be entered in TOADS within 5 days of the contact.

4. The parole officer shall review and discuss the case plan information provided by the offender. Relevant notes shall be entered in TOADS in accordance with IMPP 14-113.
- B. The parole officer shall complete the lower portion of the report form, sign and date the report. Documentation of the contact should be made in TOADS contact notes.
- C. The parole officer may assist offenders who have physical disabilities, limited mental capacity, and/or other limitations, in completing the form.
 1. A translator should be used, when necessary, to assist offenders who do not speak or write the English language in completing the form.
 2. As available, the Report Form may be made available in languages other than English.

III. OFFENDER SIGN-IN LOG

- A. Parole offices utilizing the offender sign-in log shall require that all offenders entering the parole office for the purpose of meeting with parole staff complete appropriate sections of the log
- B. Offender sign-in logs shall be retained in accordance with records retention requirements.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None.

REFERENCES

IMPP 14-113

ATTACHMENTS

Attachment A - Offender Report Form

**Kansas Department of Corrections
Report Form**

Name _____ Assigned PO _____
KDOC Number _____

Phone _____ ☐ Home ☐ Cell Other contact number? _____

Email Address _____

Address _____ City _____ Zip _____

Mailing Address (if different) _____ City _____ Zip _____

Who do you live with? (list names and relationship) _____

Is this a change in residence since your last report? ☐ Yes ☐ No

Are you required to register your address with the Sheriff's Department? ☐ Yes ☐ No

Please describe any changes or concerns that may have occurred since your last report:

Have you had contact with law enforcement since your last report? ☐ Yes ☐ No

If yes, please describe _____

What have you done since your last report to work toward your Case Plan goals? _____

List any treatment or programs that you are currently involved in and describe your status with them:

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Supervisors Name _____ Type of Work _____ Work Hours _____

Is your employer aware of your entire current and past adult criminal record? ☐ Yes ☐ No

Have you missed work or had changes in your employment since your last report? ☐ Yes ☐ No

If yes, please describe _____

Vehicle owned, driven, or arrived in: Make/Model _____ Year _____

Color _____ Tag # _____ Owner: _____

Indicate the payments you have made since your last report:

☐ Court Costs \$ _____ ☐ Restitution \$ _____ ☐ Supervision Fees \$ _____

☐ Child Support \$ _____ ☐ Other \$ _____

Offender Signature _____

Date _____

For PO Use:

Type of Contact:

Office

Home

Intake

Other

Parole Officer Signature _____

Date _____